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“Some of us need to be taken care of”: young adults’ perspectives on support and help in drug reducing interventions in coercive contexts in Denmark and the UK

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ABSTRACT

This paper provides an account of young people’s experiences of and perspectives on help and support in drug reducing interventions. It is based on interviews with young people age 14–25 who were in contact with the Criminal Justice System (CJS) and, at the same time, participated in a drug reducing intervention. The interview data forms part of the EU funded EPPIC project. Two main themes emerged from the young peoples’ accounts that cut across different types of interventions and social systems in both countries. The first revolves around the ‘system’ of welfare, criminal justice, health and educational services and the barriers young people encountered in navigating the system to find help. The second revolves around the young people’s experiences with professionals, including what they appreciated and what they found problematic in professionals’ approach to them. Basing our analysis on data from two different countries, we are able to emphasize similarities in the young peoples’ perspectives, despite being enrolled in different drug reducing and CJS interventions. The insights gained indicate a need for systems and service changes that can facilitate a better balance between building individual resilience and providing appropriate, timely and adequate support within a ‘resilience-building’ environment.

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Introduction

Research focusing on clients’ or patients’ own perspectives on drug reducing interventions has grown over the past decades (Bjerge et al., 2017; Frank et al., 2015). This kind of research provides important knowledge about users’ experiences of service interventions aimed at preventing, reducing or stopping drug use that can be used to develop better services/interventions. In this paper, we focus on drug experienced young people in contact with criminal justice systems in UK and Denmark and their perspectives on drug reducing interventions delivered within secure as well as community-based contexts. More specifically, we employ a user perspective to investigate what they emphasize as important factors within these different kinds of interventions for changing their drug use and offending behavior. Our aim is to describe the similarities that emerged from the data; similarities in experiences and perspectives that arose despite differences in: types of interventions, treatment and prevention methods or models used in the interventions, as well as differences in the wider social and policy systems. We are thus reporting the young peoples’ experiences and perspectives on the more general systems and organisational contexts within which drug reducing interventions are located. This includes

for example cooperation between different interventions when dealing with citizens with complex problems and the nature of the relationship between professionals and young people that enables change and the development of a sense of agency. Although a study of user perspectives may not reveal the ‘truth’ about ‘what works’ in drug and offending reducing interventions (cf. Asmussen & Jöhncke, 2004), it does enable the emergence of knowledge about how young people make sense of entering, staying in and/or terminating a drug reducing intervention, here in the present article, in coercive contexts. In this article, we argue that this is important knowledge in relation to planning and implementing prevention and drug reducing interventions aiming to help drug experienced young people change harmful drug use patterns and offending behavior.

The article is based on the EU funded EPPIC project (Exchanging Prevention practices on Polydrug use among youth In Criminal justice systems).¹ The EPPIC project investigates how drug experienced young people involved in offending are dealt with in legal and welfare systems in six EU countries (Poland, Italy, Denmark, UK, Germany, Austria), while emphasising their own perspectives on being enrolled in drug reducing interventions. Our analysis draws on in-depth interviews conducted in Denmark and the UK with a

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total of 68 drug-experienced young people aged 14-25, who were simultaneously in contact with the CJS and enrolled in a drug reducing intervention. Basing our analysis on data from two different countries, we are able to emphasize similarities in the young peoples' experiences and perspectives, despite having been enrolled in different kinds of drug reducing and CJS interventions.

In the following, we will first set the background for the article followed by introducing our dataset, methods, and analytical strategy. In the analysis, we explore two overall themes that emerged from the dataset. The *first* theme revolves around the young participants' understanding of the drug use interventions they are enrolled in, in particular the difficulties they experience in trying to navigate 'the systems' they are immersed in due to simultaneous drug use and (alleged) offending, and their experiences of and perspectives on being subjected to transitions between interventions. The *second* theme revolves around the young people's experiences with professionals, including what they appreciate and what they find problematic in the way professionals approach them. In the concluding section, we discuss how these insights are relevant for policy and quality development in welfare services in general, and for drug experienced youth in contact with the CJS in particular.

Background

Theoretically, the article draws on insights from two bodies of research: studies on user perspectives and studies on desistance from crime. Both bodies of research emphasise the importance of individual agency and of the individual's knowledge and experience, e.g. regarding 'what works' in drug and offending reducing interventions. Furthermore, they acknowledge the need to take account of wider systems and cultural circumstances that facilitate or constrain intervention approaches and impact on individual agency, while also fore-fronting relational factors as influential in relation to, in our case, young people's processes of change. By drawing on these two bodies of research, it thus becomes possible to approach 'effective intervention' as more than merely implementation of 'evidence based' methods, first and foremost by emphasizing the individual, social, cultural and other contextual factors that are important in establishing an intervention as 'effective' (cf. Best et al., 2017). Also, these bodies of work support the argument that organizational and system structures as well as the nature of the relationships between professionals and clients/citizens are important factors in the development of 'effective interventions' (cf. Bottoms, 2014; Weaver, 2019).

Studies on drug users' own perspectives on drug reducing interventions have focused in particular on adults enrolled in opioid substitution treatment (OST) (e.g. Al-Tayyib & Koester, 2011; Dahl, 2007; Deering et al., 2011; Koester et al. 1999; Kolind, 2007; Laudet et al., 2009; McKeganey et al., 2004; Patterson et al., 2009, 2010), on adults enrolled in prison based drug treatment (e.g. Frank et al., 2011, 2015; Haller, 2014; Melnick et al., 2004; Neale & Saville, 2004; Vandeveld et al., 2006), and to some extent also on young adults

enrolled in community-based drug treatment (e.g. Andersen, 2015; Ekendahl et al., 2020; Järvinen & Ravn, 2015). Importantly, these studies do not merely focus on drug users' perspective on drug reducing interventions or treatment methods. They also include how the wider social context of both intervention/treatment and drug users' everyday lives interplay and become important in the understanding of, for example, why drug users enter, stay in or exit treatment. For instance, researchers have shown that the way treatment services are delivered, including professionals' approach to their clients, is as important for drug users in treatment as the actual treatment content (Dahl, 2007; Kolind, 2007). Similarly, when evaluating treatment services, existing studies show that users value a high level of accessibility and a non-patronizing attitude (Frank et al., 2015; Neale, 1998; Notley et al., 2012). Furthermore, this body of literature shows that drug users not only enroll in community treatment to reduce or stop their drug use, but also to stabilize their life situation, preserve jobs or withdraw from a violent drug environment (Dahl, 2007; McKeganey et al., 2004; Al-Tayyib & Koester, 2011), or when imprisoned, to cope with the institutional environment of the prison, the loss of freedom, and the comprehensive set of rules and sanctions that apply in prisons, especially to drug use (Kolind et al., 2010). Drug users, thus, not only enter community or prison-based drug reducing interventions in order to stabilize or end their drug use, but also to balance their broader everyday life circumstances, whether in prison or in freedom. Similar to the desistance theoretical approach, which we will present below, from this perspective, the 'effectiveness' of an intervention can therefore not be reduced to its status as being 'evidence-based' because particular evidence based methods are applied (see also Rhodes & Lancaster, 2019). It's effectiveness is also highly related to how interventions are organized in local contexts, their rules and daily routines, their definition of the problems they address, expectations to clients, as well as how professionals approach clients and the nature of this relationship. It is the latter that this paper is focusing on, i.e. not *what* an intervention is delivering (e.g. a particular treatment method or intervention programme), but *how* an intervention is delivered, from the perspective of the young people we interviewed.

In addition to the literature on user perspectives, we draw on literature focusing on desistance from crime, which often falls under the field of 'narrative criminology'. Since the 1990s, research on desistance from crime has increased and has had considerable impact on policy and practice discourses. At the heart of the concept is a belief that change is possible, and thus that offending behaviour is not a constant and inherent personality trait. It is thoroughly argued that many individuals do in fact mature out of offending behaviour as they take up adult roles and responsibilities (Laub & Sampson, 2001; Maruna, 2017; Maruna & Mann, 2019). The importance of situational and environmental factors in facilitating or hindering change has also been emphasised by desistance scholars (Bottoms, 2014). As Weaver (2019, p. 653) argues: *'The dynamics of desistance thus have to be understood in the individual, relational, cultural and structural contexts within which these behaviors are embedded and*

sustained at the level of the individual'. Relationships, including relationships with professionals, and adopting an intervention approach that recognises individual agency, strengths and potential, are, in other words, seen as key elements in desistance (see also Maruna, 2017). This literature has provided examples of how adult prisoners and ex-prisoners have used educational and other opportunities provided in prison as a gateway to positive change (Crewe et al., 2014; Honeywell, 2018). Equally, it is recognised that desistance is a dynamic, ongoing process rather than a specific event (HM Inspectorate of Probation, 2016). Some studies have considered the impact of drug use on desistance and have suggested that drug use and drug-related lifestyle factors complicate desistance processes (Schroeder et al., 2007). Studies also suggest that there is significant overlap between desistance and drug use recovery models, in that they share assumptions regarding identity change and the extent to which identity change is intrinsically social and relational. Both models imply the need to build new identities - as desisters from crime and recovery from addiction - and emphasise the importance of opportunities to build, and draw on, social capital and achieve social recognition of identity change (Best et al., 2017; Honeywell, 2018). These insights have implications for intervention approaches. Comparing an evidence-based practice approach with a desistance approach in considering 'what works', Maruna and Mann (2019) suggest that a key difference is that the former has a focus on the extent to which programmes, methods and interventions are an effective agent *for* change, while a desistance approach starts by recognising the individual as the agent *of* change. A desistance approach thus considers the individual's social contacts, networks and subjective interpretation of their offending trajectory as the central narrative constituent to explain 'what works'. Drawing on Best et al. (2017, 7), we need to add that change '*is enmeshed in a socially mediated process that reflects both changes in internal states (motivation, self-perception) and societal responses (transition from excluded to accepted networks and groups)*'.

Drawing on insights from the bodies of literatures presented above, in this article, we report the perspectives of young people regarding what they have found helpful or problematic aspects of the service systems and professional relationships they have experienced. Our focus is not on particular models or methods aiming to change drug using or offending behaviour. Instead, what emerged from the data as important to the young people was *how* interventions were delivered and how relations with professionals could (or could not) be supportive for change and for the development of the young person's self-determination, autonomy and feelings of self-worth.

By doing this, we also hope to address certain gaps in the research literature on drug users' perspectives on drug reducing interventions and the literature on desistance. First, there is a lack of research focusing on citizens with *complex* problems enrolled in several welfare institutional services at a time, including citizens with drug use and offending behavior, and hence a lack of combining desistance research with research focusing on drug users' own perspectives (e.g. Ekendahl et al., 2020; McKeganey et al., 2004). Second, most

of the desistance literature referred to above focuses on adult prisoners or ex-prisoners and does not include individuals outside the prison system involved in low level offending behaviour that brings them to the attention of the police and other criminal justice authorities (e.g. Laub & Sampson, 2001; Maruna, 2017; Maruna & Mann, 2019). Therefore, there is a lack of research on the perspectives of drug experienced *young* adults enrolled in drug reducing interventions and who, at the same time, are in contact with the Criminal Justice System.² Based on these gaps in the available literature we hope to add to the research on user perspectives and desistance by bringing them together, but also to add to existing research with our empirical data on (1) young people age 14–25 years, who are (2) situated in the dual context of drug reducing interventions (voluntarily or involuntarily) and the CJS, with the added pressure to desist from offending.

Sample and methods

Our analysis is based on 68 qualitative, in-depth interviews with young people from Denmark (30) and the UK (38). At the time of the interviews, all interviewees were in contact with the CJS and enrolled in interventions aimed at preventing or reducing drug use. Interventions included prison based drug treatment and pre-treatment programmes, other secure settings (detention centres and secure settings for youth), community drug treatment programmes and other forms of community based prevention or treatment interventions that included, but was not restricted to, reduction of drug use. Our interviewees thus participated in a range of different drug reducing interventions. As stated above, our intention was not to look at the interviewees' perspectives on particular drug reducing models or methods, but rather to investigate the young people's perspectives and experiences with how these interventions are organized as well as the nature of their relationship with professionals, including how these aspects were related to their experiences of support and help. We recruited interviewees through these different kinds of drug reducing interventions in prison or remand prison settings, but also through local probation offices, and different kinds of community based prevention or drug reducing interventions. Professionals in these institutions helped provide contact with interviewees in both Denmark and the UK. While a bit more than half of the young Danish interviewees were imprisoned at the time of the interviews, most of the young interviewees in the UK were enrolled in community based projects or services. The majority of the Danish interviewees were over 18 years of age, while the majority of the UK interviewees were under 18 years of age. Of the 68 interviewees, 54 were young men and 14 were young women. In both Denmark and the UK, the vast majority of young people in contact with the CJS are young men, and our sample in terms of gender thus mirrors this situation (Statistik, 2015; Youth Justice Board/Ministry of Justice, 2017/18; Scottish Government, 2019). The majority of the young people had been charged with offences related to assault, affray and violence. Other offences

included theft, burglary, robbery or possession of offensive weapons. Only a few interviewees were charged with drug offences alone. Perhaps as a reflection of this, most had not experienced drug use and offending alone, but were also dealing with mental health/psychiatric diagnoses, homelessness, unemployment or not being enrolled in the educational system. They primarily used cannabis and cocaine on a regular or daily basis, but many had experimented with a variety of other illegal drugs.

While the interviews were conducted in different national settings, they were based on a common interview guide developed collaboratively in the EPPIC project. The overall aim was to interview young people with multiple or complex problems, and thus not to focus exclusively on either offending or drug use. Instead, we aimed to explore their experiences of having to deal with various intersecting problems, including being part of sectors/interventions aimed at targeting these problems. The interviews lasted from 20 to 90 min, but most were about 40–60 min long. The interviewers were either experienced researchers or experienced social workers trained by the researchers in the use of the interview guide. All interviews were conducted between September 2017 and December 2018. Due to regulations, it was not possible to offer young interviewees in prisons compensation for their participation in the study. The young people interviewed in community settings were offered movie theatre gift cards in Denmark. In UK the young people were given a £10 shopping voucher for taking part.

In the interviews, our participants were asked about their drug use and offending trajectories, as well as their experiences with the different kinds of interventions that they had been offered or enrolled in, i.e. both current and past interventions. Besides being drug or offending reducing interventions, this could also include for example support-contact person interventions, youth residence, or interventions focusing on getting employment or education. We did not differentiate between interventions, but included all interventions intended to support different aspects of the complex problems often affecting the young people in our sample.

The participation of young people in the EPPIC project was voluntary and based on written and signed informed consent, both in Denmark and the UK. To ensure confidentiality, in the findings section, we quote the participants only by country and interview number. Furthermore, when necessary, quotes are edited to ensure confidentiality, and in some cases also to make them more readable (cf. Emerson et al., 2011). All data were handled confidentially and in accordance with European GDPR rules. In Denmark, the study was registered with the Danish Data Protection Agency. In the UK, the study was approved by the Middlesex University Ethics Committee.

Analytical strategy

All interviews were recorded and later transcribed verbatim for the purpose of coding and further data analysis. The coding process was based on a common code book that

was developed collaboratively as part of the EPPIC project for the purpose of thematic analysis of our interview data, using the software NVivo. The code book was developed on the basis of deductive principles aligned with the overall research interests of the EPPIC project, most prominently narratives on criminality and drug use trajectories, including increasing and decreasing factors, and narratives on entering/exiting/being part of various interventions (see www.eppic-project.org for further details on EPPIC). However, at the same time, it allowed for more inductive themes to emerge from the national data. When performing the data analysis for the present article, UK and Danish researchers thus applied an identical coding strategy, and drew on coding principles informed by Braun and Clarke (2006) take on thematic content analysis. After the initial rounds of coding in which all interview data were thematically organized vis-à-vis the themes represented in the code book, we focused on the code 'intervention'. The 'intervention' code was sub-coded in order to identify and organize all content on entering, being part of, transferring between and exiting various interventions targeting drug use, as well as all narratives on what constitutes experiences of 'effectiveness' of interventions. Through the sub-coding process, themes, e.g. around the role of client-practitioner relationships, the hard-to-navigate quality of 'the system' for our target group, and experiences of simultaneously being enrolled in more than one intervention (i.e. drug reducing interventions; social benefit services; employment services; reoffending interventions), were constructed. Since we were interested in drug use and offending trajectories and trajectories of how the young people were getting help for these issues, the overall code 'intervention' reflected both past and present experiences, as we shall see in the following.

Findings

The analysis is divided into two overall themes, both of which represent the whole Danish and UK sample and which have been constructed based on the coding process described above. While we recognize that experiences with and views on interventions are influenced by wider cultural- and system related factors, and that these differ between and within countries, nonetheless, our data show that common issues do exist and that these, overall, relate to experiences of having to deal with complex problems. Our analysis presents these common issues. 'Crossing lines/boundaries' between health, welfare and criminal justice services due to multiple problems thus raise a number of similar challenges for young people in the UK and in Denmark (cf. Duke et al., 2019; Herold et al., 2019), as do their experiences with professionals and how they describe a helpful and supportive relationship. Our aim with the analysis is therefore to forefront our interviewees' views on and experiences with what they found helpful or unhelpful about services and interventions they had been enrolled in.

Navigating 'the system'

Across the two countries, a number of common issues emerged from the young people's accounts of their experiences of being enrolled in different services and interventions. Most notably, uncertainty about what interventions they had actually been referred to in the past, including why they had been referred there, and what help or care they could expect from the service. Other issues related to the barriers they encountered in relation to receiving timely care, and difficulties related to navigating between services without adequate support. This first theme is hence primarily about experiences with the organizations and structures of interventions and how they relate to each other.

Facing uncertainty and confusion

Most of our participants had experience with enrollment in a variety of interventions, in many cases since they were 11–12 years old. Yet, they often expressed a great sense of uncertainty or confusion in terms of exactly what kind of care and interventions they had been offered. For instance, when asked about which services they had been in contact with other than social work (which was often dismissed as useless), one UK participant replied:

I think there have been [something], but I couldn't remember for the life of me, to be honest, because I mean apart from that I've been in 'Through Care, Aftercare' [services to facilitate transition from secure contexts to the community] and the guys across the road - but that's just kind of like the adult social work system. (UK, INT. 13)

The handling of the complexity of the problems affecting these young people meant that they were often moved between, and put in touch with, different kinds of services. This, too, was a source of confusion:

Social workers got involved with my mum in 2007. (I: What was it like having a social worker?) I don't remember. [...]. I remember going into [name of service] and going into a secure unit because of shop-lifting. Dad came to the police station to pick me up and then social workers changed their mind and put me in. I was thirteen [...]. I was in and out of secure units all over the country. (UK, INT. 12)

This particular young UK participant first received care from yet another community based service around age 16 but cannot remember how he got there—'*probably just through social workers*'. Furthermore, he mentions that he also had an '*alcohol worker*', but was not aware which service she came from. Across the data, and across the two countries, these different forms of uncertainty or confusion became salient, i.e. when participants were not able to mention the specific interventions they had been in contact with, or received care from. Instead, and arguably reflecting their confusion and uncertainty, they commonly referred to specific persons as, for example '*my contact person*' or '*my social worker*', or more broadly referred to '*the authorities*' or '*the system*'. Not surprisingly, then, for some of these young people, the trouble of navigating the system becomes a main concern, and

one which, in itself, requires help. A young Danish participant put it this way:

Right now, for example, I have a mentor and get some counselling, to help me with the things that I struggle with in relation to the system. (DK, INT. 1)

Furthermore, our data show that it was not always clear to them why they were offered a specific intervention in the first place. This seems particularly evident for our youngest participants, as well as when older participants talked about their earliest experiences with '*the system*', as this young Dane did:

It is only now [age 21] that it is more clear to me why I have a contact person and what he can do for me. When I was younger, I did not understand why. It was just someone who took me to see a movie now and then. (DK, INT. 10)

In general, narratives such as these leave the impression that our participants had difficulties getting an overview of the often many services and interventions that they had taken part in, including how they were related to each other, and where to seek help for which problems, as we aim to show in the next section.

Finding the right help at the right time

Another issue that came up in the data was the frustration that emerged when participants felt that they did not receive timely care either from the intervention they were already enrolled in, or if they were seeking help elsewhere. This issue was especially apparent in interviews with young people who were not imprisoned, but instead enrolled in, or seeking help from, community interventions. Frustration particularly emerged when young people were responsible themselves for establishing contact with an intervention. For example, one of the Danish participants put it this way:

It is so annoying to go somewhere for help and then you are passed on to another place. In the end, you give up, you feel like an idiot. (DK, INT.04)

Similarly, this young UK participant stated that:

I actually rang the care services whilst I was going through all this [...] and I explained to them what I was doing [drugs] and why I was doing it and they just said 'we can't do anything about that' (UK, INT. 14)

For young people, who furthermore have to deal with other issues such as, for example, mental health problems, having to source help themselves is an added frustration, as another participant told us:

CPNs [community psychiatric nurses] they're useless, they don't care. I've been in multiple times and every time I went in with tears streaming down my face and told them that I've not had a CPN appointed to me and I've been waiting four or five months, it's eight months now and I'm still waiting for them to phone me back. I had to then outsource my own support. (UK, INT. 31)

The interviews in general show that in many cases the young people mobilized a lot of energy to seek help in the first place and to show up at a particular intervention or service. Being directed to the wrong place or having difficulties

finding the right intervention or service as the last quotes show, would easily cause them to give up. They experience the 'system' as 'stiff', 'rule bounded', 'opaque', and 'uncaring', as a landscape that is unknown to them and that they have difficulties navigating within. This relates to the issue raised in the interviews that many asked professionals to help them navigate the, for them, often overwhelming and complex system of services and interventions. For our target group, drug experienced young people in contact with the CJS, this seemed especially pressing in relation to transitioning from secure settings or rehabilitation facilities and back into the community.

Transitions from interventions

While participants in Denmark and the UK alike had considerable experience of transition from secure settings into the community as well as exiting community care facilities, they also voiced their concerns with the failure to coordinate services and ensure supported transitions. Comments from two young people highlight the frustration around the lack of aftercare after release from a prison and a secure setting, respectively:

When you are released [from prison], you are just thrown into society again. There is no one who cares about you. But some of us need to be taken care of. (DK, INT.15)

In rehabs [referring to being in a secure setting], there is a whole lack of aftercare. [...] Like, that is the hardest bit. [...] when you go out, especially if you're moving back to a place where you were abused or in situations like that, I think lack of aftercare is a problem. . (UK, INT. 14)

These kinds of frustrations were especially related to circumstances where the participants had started a process of change, whether they had done this when imprisoned, being in a secure setting or in rehabilitation facilities. Having begun to reflect on their drug use and offending behavior in a different way, and having started to cut down on drugs and/or stop offending, it was particularly frustrating for them that support for this process 'just' ended after release leaving them without appropriate and adequate support. However, while the young people often experienced a great deal of disconnectedness between interventions, either when transferred from one to another or when several interventions needed to be coordinated, some young people also had experiences of professionals who sidestepped the system and used their discretion to make things go more smoothly. A young Dane for example said:

I kept the contact person I had at the youth residence when I moved from there. Also when the aftercare ended, he kept contact with me. He always had time for me. It is a bit family-like. I can always phone him, and get his advice. (DK, INT. 22)

In addition to showing the importance of continuity in the interventions on offer for these young people, this quote also reflects the importance of having meaningful and caring relationships with the professionals they are engaged with. This will be further elaborated in the following section.

Relationships with professionals

The second theme we focus on in the analysis concerns the young people's experiences of their relations with professionals. We use the term 'professional' to cover all kinds of welfare service and criminal justice professionals, from youth offending workers, drug treatment providers, social workers, psychologists, to what the young people referred to as 'mentors' and 'contact persons'. In the interviews, the young people spoke about relationships they had experienced as constructive and workable, but also about what frustrated them. Two main aspects emerged as important: professionals' attitudes and approaches towards the young people and their ability to understand the young people's situations; and secondly, professionals' ability to convey the feeling that they really wanted to help, were willing to help even despite 'the rules', and that they were not just 'doing their job'.

Professional attitudes and approaches

In particular, the young people valued relationships where professionals talked *with* them (not *to* them). In this regard, they emphasized appreciating professionals that were open-minded and respectful towards them and their lives, who were non-judgemental and non-patronizing. More particularly, the young people emphasized the importance of being able to talk *with* a professional about problems in their everyday life, for example, how to deal with their family, child or girlfriend, their difficulties in managing being imprisoned or placed in secure settings, how to manage their drug use, and so forth. This is evident in these two quotes:

She [the professional] doesn't see me as a bad person or anything. She is really nice. We talk, about my drug use, but also about life in general. And, this is how I see it: if you give me respect, then I give you respect. (DK, INT.03)

Like she knows where I'm coming from basically, ... she can see it from a professional's point and she can see it from my point as well. And she sees where I've been let down and all that by the care system as well. (UK, INT. 35)

Here, the young people stress the importance of professionals taking a point of departure in their specific situation and needs, but also that they value a respectful, non-judgmental attitude from professionals; as a young person from the UK put it:

... the fact of coming and sitting down and talking about it and knowing that you're [the professional] not here to criticise me, you're here to kind of help me and talk about it. (UK, INT. 24)

The young interviewees thus valued when professionals listened to them, when they showed understanding towards their everyday life situations, also when it included drug use and offending, and when they felt that the professionals were not being judgmental.

Just doing their job?

Following from these perspectives on the relationship with professionals, the young people we interviewed also emphasized how frustrating it was for them when they experienced that the professionals were 'just doing their job', but not

really caring enough to help them, as for example this young person from the UK said:

... my worker from the youth [service], like the first time she met me didn't even speak to me and then she wasn't very kind. Like she done her job, but her job is to help young people and she kind of only done the paperwork side of it, if that makes sense, instead of there being emotional help. (UK, INT. 30)

These kinds of frustrations emerged from young people's accounts of experiences where professionals, first and foremost 'complied with rules', rather than actually trying to help. A young Danish interviewee, for example, said about an intervention he was enrolled in:

They had a hunch that I was smoking cannabis, and they did confront me that I was not allowed to smoke cannabis on the premises, that they had a zero tolerance policy. But they did not ask why I smoked cannabis or if I needed help. (DK, INT.11)

The experience, that it was more important for the professionals to abide by rules about no cannabis use than to ask the young interviewee about why he smoked cannabis, was frustrating. Since rules 'must be complied with', it was additionally frustrating when faced with the 'rules not being clear'. For instance, one young person from the UK, who had been in and out of secure settings, told us that rules were applied differently depending on the context and on the individual concerned, rather than applied consistently and reliably across different settings:

Some of them [secure units] are all right; but some of them are quite bad. It's just different rules basically. Like if staff are in a bad mood, then they'll take their mood out on you, different staff apply different rules, basically. (UK, INT 35)

This young person also pointed out that young people with complex and often long-standing problems requiring contact with different services, find that they have to comply with different rules in different welfare and criminal justice systems.

Not surprisingly, it was experienced as highly frustrating when professionals just 'do their job', 'comply with rules' and make 'rules unclear' and was furthermore associated with distrust not only towards the 'system', as we saw above, but also towards 'professionals'. A young person from Denmark for example put it this way:

I have been supervised by the system all my life. But I don't think a lot of good things have come out of it. For example, I did regard my contact person that I had when I was teenager as a snitch, because he did sneak to the police about something I had done. (DK, INT. 08)

In this second part of the analysis, we have aimed to show the young people's perspectives on what they find constructive as well as problematic in their relationships with the professionals they interact with in the different kinds of interventions they take part in. Most prominently, professionals' attitudes and how they are able to connect with young people, understand their situation and take them seriously were emphasised in the interviews as essential in terms of what they considered as supportive and helpful. This should arguably be seen in the context that these young people have extensive experiences with feeling let down, both by 'the system' as such and by professionals who have not been

able to establish meaningful, non-judgmental and respectful relationships with them.

Discussion and conclusion

This paper has focussed on the perspectives of young people who are drug experienced, who are in touch with criminal justice services and who, in addition, are often dealing with a complex combination of mental, physical and social problems. Their accounts of past and current encounters with a range of social welfare, criminal justice, health and education services both confirm and expand insights gained from the 'user perspective' and 'desistance from crime' literature.

Importantly, the findings have highlighted that 'the system' is often experienced as confusing and difficult to navigate, especially when moving between services and from custodial to community settings. There are legal demands in Denmark to coordinate transitions from prison, secure settings or rehabilitation facilities to the community (Storgaard, 2019) and in the UK, emphasis has been placed on throughfare and custody-community transitions at policy level (ACMD (Advisory Committee on the Misuse of Drugs), 2019). This acknowledges the need for intersectorial cooperation, not only between the CJS and drug reducing interventions, but also with social and health care and educational institutions and job services to address multiple or complex problems such as those shown by our interviewees. We have written elsewhere about the value of adopting intersectorial cooperation as part of a coherent, holistic approach—recognised in both Denmark and the UK as a necessary element of effective responses to both drug use and desistance from crime—but we have also documented the difficulties of achieving this goal and the different ways in which the concept of a holistic approach may be enacted (Herold et al., 2019). Our analysis in this article supports the conclusions from other studies, that, even where professionals endorse the ideal of intersectorial cooperation and a holistic approach, it is difficult in practice for them to achieve coordination of services and smooth transition between service sectors, and that the problems are compounded when delivering interventions within the criminal justice system (ACMD (Advisory Committee on the Misuse of Drugs), 2019; Duke et al., 2019; Herold et al., 2019; Olesen & Storgaard, 2017). The accounts provided by our young interviewees have illustrated the appeal of closer cooperation between services from the client perspective and, from their point of view, how failure to find appropriate, timely support and well managed referrals between services impacts on their sense of self worth and confidence to change their situations, and, as a result, limits the effectiveness of interventions (see also Andersen & Bengtsson, 2019).

The existing literature on user perspectives on drug reducing interventions has shown how clients in drug treatment value professionals' respectful and non-judgemental attitudes towards them and how good relationships with professionals are important for staying in treatment (Frank et al., 2015; Neale, 1998; Notley et al., 2012). Similar conclusions have been drawn from the literature on desistance from crime

that has emphasised the role of the professional as an agent of change and highlighted the importance of trust in the relationship (Best et al., 2017). Equally, in this study, relationships with professionals emerged as a major element in young people's perceptions of helpful and supportive—or unhelpful and unsupportive—intervention approaches. They emphasised that professionals should approach young people with respect, trust and without prejudice, that they should take a point of departure in what matters to their clients, and that they should focus on *helping* the young person, including 'bending the rules' if this is necessary in order to provide appropriate care and support. They did not talk about 'effectiveness'. Rather they expressed their views in terms of what helped them to cope with their problems, gain self-confidence and a sense of self-worth, and change their attitudes and behaviours. In our words, how they could become agents in their own processes of change. The ability of service providers to foster feelings of 'agency' in their young clients emerged, in this study as elsewhere (Best et al., 2017), as a key element in accounts of 'what works'.

As mentioned in the beginning of the paper, drug users' own accounts of their experiences of services provide valuable knowledge that can inform policy and the development of new, as well as already existing, services. The themes we have emphasized here all relate to, on the one hand, understanding and navigating the system, and on the other, being able to see oneself as 'part' of the system or integrated into an intervention, through establishing a constructive relationship with professionals. The findings support conclusions from other studies that effective intervention needs to consider relational aspects within wider social and systems-related contexts (Bottoms, 2014; Maruna, 2017; Weaver, 2019), but also that respectful and non-patronising attitudes from professionals are important in order for citizens in need of help to stay in the system (e.g. Dahl, 2007; Neale, 1998). This raises several issues, in relation to 'what works' if interventions are to be effective for young people with *complex* problems, including, in the case of our sample, drug use and offending.

First, there needs to be a balance between expecting young people to manage complex institutional relationships and providing institutional and system contexts conducive to helping the young person act responsibly and build the self-confidence and skills needed to understand and navigate the system. While young people want recognition of their rights to make their own decisions and be responsible for their own lives, they also acknowledge that they need supportive relationships and contexts if they are to turn their lives around. Given that the 'system' is composed of a variety of organisations and services with different rules, expectations and requirements, young people need help to learn how to adopt more than one role, and use the different roles in the right situations when navigating in the welfare, health and criminal justice systems. Most of the available literature on drug use and offending does not focus on citizens enrolled in several services or interventions at the same time, and hence does not address the issue that the citizen in need of help has to comply with, and navigate within, different sets of rules and regulations that often are based on different problem understandings (cf. Herold et al., 2019).

Second, there is evidence from our sample that organisational and system change is necessary. While building and sustaining resilience has become a common aim of many welfare, health and drug services especially for young people, very often resilience is thought of as an individual attribute, and not as something institutions and systems can contribute to, or hinder. Our data suggest that creating 'resilient environments' (cf. Rhodes, 2002)—i.e. systems and organisational arrangements that are flexible and adaptable enough to respond to different and sometimes changing needs—could help create resilient citizens, and could make interventions more efficient.

Notes

1. The project 768162/EPPIC, which has received funding from the European Union's Health Programme (2014–2020).
2. Being in contact with the CJS can include serving a prison sentence, being in remand prison waiting for one's sentence, sentenced with electronic tag, be on parole and in supervision by the probation services, being sentenced to be in supervision by the probation services, or being in contact with youth services for under aged young people with offending behavior.

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